

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA

ADDRESS (number and street)

PO Box 150064



Check if different  
than previously  
reported. (ACC)

Grand Rapids

MI

49515

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00402800

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☒ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2018

through

M M M / D D D / Y Y Y Y Y Y  
01 31 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Buchan, Kimberly, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Buchan, Kimberly, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 20 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

FEC FORM 3X  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y  
01 / 31 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2018</span>		<span style="border: 1px solid black; padding: 2px;">3877.22</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">3877.22</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">17481.84</span>	<span style="border: 1px solid black; padding: 2px;">17481.84</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">21359.06</span>	<span style="border: 1px solid black; padding: 2px;">21359.06</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">17720.21</span>	<span style="border: 1px solid black; padding: 2px;">17720.21</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">3638.85</span>	<span style="border: 1px solid black; padding: 2px;">3638.85</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	8

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	8

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1500.00	1500.00
(ii) Unitemized .....	10754.14	10754.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12254.14	12254.14
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	12254.14	12254.14
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	227.70	227.70
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	5000.00	5000.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	5000.00	5000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17481.84	17481.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12481.84	12481.84

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	5045.00	5045.00
(ii) Non-Federal Share.....	5000.00	5000.00
(b) Other Federal Operating Expenditures .....	7665.21	7665.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	17710.21	17710.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	10.00	10.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	10.00	10.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17720.21	17720.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12720.21	12720.21

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12254.14	12254.14
34. Total Contribution Refunds (from Line 28(d)) .....	10.00	10.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12244.14	12244.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	12710.21	12710.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	227.70	227.70
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	12482.51	12482.51

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: F3XN

Transaction ID :

All donors with addresses outside of the country are US citizens. This organization is operated by staff (independent contractors) from their homes therefore no office space is rented or utilities required. Telephone and internet services, office equipment, supplies and salaries are the main administrative expenses incurred by this organization. A majority of our work is done through travel and events and over the internet. All expenses have been adequately disclosed.

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Harper, Ken, , ,

Mailing Address 1476 Morning Glory Rd NE

City

Albuquerque

State

NM

Zip Code

87122

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NM Dermatology Associates

Occupation (for Individual)

Doctor

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 17 / 2018

Transaction ID : SA11Al.164441

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Song, Paul, , ,

Mailing Address 234 Alta Avenue

City

Santa Monica

State

CA

Zip Code

90402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cynvenio Biosystems

Occupation (for Individual)

Chief Medical Officer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 22 / 2018

Transaction ID : SA11Al.164836

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tate, Louise, , ,

Mailing Address 55 Deake St.

City

South Portland

State

ME

Zip Code

04106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 02 / 2018

Transaction ID : SA11Al.164898

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1000.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Warren, Barbara, , ,**

Mailing Address 3653 N. Prince Village Pl.

City  
Tucson

State  
AZ

Zip Code  
85719

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 04 / 2018

Transaction ID : SA11AI.164247

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 26  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Maiahost.com**

Mailing Address 37-28 61st St.

City  
Woodside

State  
NY

Zip Code  
11377

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 17 / 2018

**Transaction ID : SA15.164951**

Amount of Each Receipt this Period

227.70

☐ Memo Item  
☐ Canceled Service

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

227.70

227.70

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA**

Full Name (Last, First, Middle Initial)

**A. ACTBLUE Technical Services**

Mailing Address 14 Arrow St.

City  
CambridgeState  
MAZip Code  
02138Purpose of Disbursement  
Service fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	1	8		

FEC Identification Number

**C****Transaction ID : SB21B.16497**

Amount of Each Disbursement this Period

73.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ACTBLUE Technical Services**

Mailing Address 14 Arrow St.

City  
CambridgeState  
MAZip Code  
02138Purpose of Disbursement  
Service fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	8		

FEC Identification Number

**C****Transaction ID : SB21B.16497**

Amount of Each Disbursement this Period

16.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bailiwick Media**

Mailing Address 3037 Crisfield Dr. NE

City  
Grand RapidsState  
MIZip Code  
49525Purpose of Disbursement  
December Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	1	8		

FEC Identification Number

**C****Transaction ID : SB21B.16497**

Amount of Each Disbursement this Period

1100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1189.82

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 100 N. Tryon St.

City  
CharlotteState  
NCZip Code  
28255Purpose of Disbursement  
Merchant account fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	1	8		

FEC Identification Number

**C****Transaction ID : SB21B.16492**

Amount of Each Disbursement this Period

209.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N. Tryon St.

City  
CharlotteState  
NCZip Code  
28255Purpose of Disbursement  
Chargeback

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	1	8		

FEC Identification Number

**C****Transaction ID : SB21B.16492**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N. Tryon St.

City  
CharlotteState  
NCZip Code  
28255Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	1	8		

FEC Identification Number

**C****Transaction ID : SB21B.16492**

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

254.66

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 100 N. Tryon St.

City  
CharlotteState  
NCZip Code  
28255Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	1	8

FEC Identification Number

**C** **Transaction ID : SB21B.16492**

Amount of Each Disbursement this Period

 35.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 100 N. Tryon St.

City  
CharlotteState  
NCZip Code  
28255Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	8

FEC Identification Number

**C** **Transaction ID : SB21B.16492**

Amount of Each Disbursement this Period

 35.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N. Tryon St.

City  
CharlotteState  
NCZip Code  
28255Purpose of Disbursement  
Chargeback

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	8

FEC Identification Number

**C** **Transaction ID : SB21B.16492**

Amount of Each Disbursement this Period

 10.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 80.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 100 N. Tryon St.

City  
CharlotteState  
NCZip Code  
28255Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			19			2018			

FEC Identification Number

**C****Transaction ID : SB21B.16492**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Buchan, Kimberly, , ,**

Mailing Address 3037 Crisfield Dr. NE

City  
Grand RapidsState  
MIZip Code  
49525Purpose of Disbursement  
December Salary

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			02			2018			

FEC Identification Number

**C****Transaction ID : SB21B.16494**

Amount of Each Disbursement this Period

700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Buchan, Kimberly, , ,**

Mailing Address 3037 Crisfield Dr. NE

City  
Grand RapidsState  
MIZip Code  
49525Purpose of Disbursement  
December Salary

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			08			2018			

FEC Identification Number

**C****Transaction ID : SB21B.16494**

Amount of Each Disbursement this Period

717.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1452.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA**

Full Name (Last, First, Middle Initial)

**A. Clarke & Sampson**

Mailing Address 228 S. Washington St., Ste. 200

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
D&O Insurance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	1	8		

FEC Identification Number

**C****Transaction ID : SB21B.16493**

Amount of Each Disbursement this Period

485.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Fox, Michael, D., ,**

Mailing Address 719 52nd St. N

City  
St. PetersburgState  
FLZip Code  
33710Purpose of Disbursement  
November Salary

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	1	8		

FEC Identification Number

**C****Transaction ID : SB21B.16493**

Amount of Each Disbursement this Period

1237.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kay, Janis, , ,**

Mailing Address 2025 Barracuda Ct.

City  
HolidayState  
FLZip Code  
34691Purpose of Disbursement  
December Salary

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	1	8		

FEC Identification Number

**C****Transaction ID : SB21B.16493**

Amount of Each Disbursement this Period

405.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2127.84

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA**

Full Name (Last, First, Middle Initial)

**A. Miers, Amos, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	8

Mailing Address 7516 13th Ave N

City  
St PetersburgState  
FLZip Code  
33710Purpose of Disbursement  
December Salary

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.16491**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Smith, Donna, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	8

Mailing Address 4502 N. Diamond Leaf Dr.

City  
Castle RockState  
COZip Code  
80109Purpose of Disbursement  
December Salary

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.16491**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Smith, Donna, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	1	8

Mailing Address 4502 N. Diamond Leaf Dr.

City  
Castle RockState  
COZip Code  
80109Purpose of Disbursement  
December Salary

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.16491**

Amount of Each Disbursement this Period

200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

725.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA**

Full Name (Last, First, Middle Initial)

**A. Smith, Donna, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	1	8		

Mailing Address 4502 N. Diamond Leaf Dr.

City  
Castle RockState  
COZip Code  
80109Purpose of Disbursement  
December Salary

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.16494**

Amount of Each Disbursement this Period

212.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Smith, Donna, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	1	8		

Mailing Address 4502 N. Diamond Leaf Dr.

City  
Castle RockState  
COZip Code  
80109Purpose of Disbursement  
Reimbursement for supplies

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.16494**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Smith, Donna, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	5			2	0	1	8		

Mailing Address 4502 N. Diamond Leaf Dr.

City  
Castle RockState  
COZip Code  
80109Purpose of Disbursement  
Reimbursement for supplies

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.16494**

Amount of Each Disbursement this Period

80.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

392.50



: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB21B  
Transaction ID : SB21B.164943

Original vendors did not exceed an aggregate of \$200.00. Supplies were for organization meetings.

Form/Schedule: SB21B  
Transaction ID: SB21B.164944

Original vendors did not exceed an aggregate of \$200.00. Supplies were for organization meetings.

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA**

Full Name (Last, First, Middle Initial)

**A. Smith, Donna, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	1	8		

Mailing Address 4502 N. Diamond Leaf Dr.

City  
Castle RockState  
COZip Code  
80109Purpose of Disbursement  
December Salary

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.16494**

Amount of Each Disbursement this Period

212.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Smith, Donna, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	1	8		

Mailing Address 4502 N. Diamond Leaf Dr.

City  
Castle RockState  
COZip Code  
80109Purpose of Disbursement  
Reimbursement for supplies

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.16494**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Smith, Donna, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	1	8		

Mailing Address 4502 N. Diamond Leaf Dr.

City  
Castle RockState  
COZip Code  
80109Purpose of Disbursement  
Reimbursement for supplies

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.16494**

Amount of Each Disbursement this Period

60.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

372.50

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB21B  
Transaction ID : SB21B.164946

Original vendors did not exceed an aggregate of \$200.00. Supplies were for organization meetings.

Form/Schedule: SB21B  
Transaction ID: SB21B.164947

Original vendors did not exceed an aggregate of \$200.00. Supplies were for organization meetings.

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA**

Full Name (Last, First, Middle Initial)

**A. Verizon**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	1	8		

Mailing Address PO Box 489

FEC Identification Number

**C****Transaction ID : SB21B.16496**

Amount of Each Disbursement this Period

264.72

☐ Memo ItemCity  
NewarkState  
NJZip Code  
07101Purpose of Disbursement  
Cell phones for staffCategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

264.72

**TOTAL** This Period (last page this line number only).....▶

6859.54

**SCHEDULE H1 (FEC Form 3X)****METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA

Transaction ID : H1.164913

**USE ONLY ONE SECTION, A or B****A. State and Local Party Committees****Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees****Indicate ratio below**Federal.....  %Nonfederal .....  %

This ratio applies to (check all that apply):

 Administrative ☐      Generic Voter Drive ☐      Public Communications Referencing Party Only ☐

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 22 OF 26

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)  
 PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA

## NAME OF ACCOUNT

Progressive Vote NF DBA Progressive Democrats  
 of America NF

## DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2018

## TOTAL AMOUNT TRANSFERRED

5000.00

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

5000.00

Transaction ID : H3.164912

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

5000.00

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred).....

5000.00

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 23 OF 26

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.164934</b> <input type="checkbox"/> Memo Item <b>Smith, Donna, , ,</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4502 N. Diamond Leaf Dr.			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">800.00</div>	
City Castle Rock	State CO	Zip Code 80109	Date <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2018</span>	
Purpose of Disbursement: December Salary			Category/ Type	
Activity or Event Identifier: <b>Administrative</b>				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">400.00</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">400.00</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">800.00</div>	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.164956</b> <input type="checkbox"/> Memo Item <b>Buchan, Kimberly, , ,</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 3037 Crisfield Dr. NE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">2217.50</div>	
City Grand Rapids	State MI	Zip Code 49525	Date <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2018</span>	
Purpose of Disbursement: December Salary			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">708.75</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">708.75</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">1417.50</div>	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.164914</b> <input type="checkbox"/> Memo Item <b>Miers, Amos, , ,</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 7516 13th Ave N			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">2442.50</div>	
City St Petersburg	State FL	Zip Code 33710	Date <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2018</span>	
Purpose of Disbursement: December Salary			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">135.00</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">90.00</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">225.00</div>	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px; text-align: right;">1243.75</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">1198.75</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">2442.50</div>

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA**

A. Full Name (Last, First, Middle Initial) <b>Transaction ID : H4.164915</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
<b>Bailiwick Media</b>			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 3037 Crisfield Dr. NE			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Grand Rapids	MI	49525		
Purpose of Disbursement: December Consulting		<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: <b>Administrative</b>			<input type="text"/> 3542.50	
		Category/ Type	Date <input type="text"/> 01 / <input type="text"/> 29 / <input type="text"/> 2018	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 550.00			<input type="text"/> 550.00	
		=	TOTAL AMOUNT	
			<input type="text"/> 1100.00	

B. Full Name (Last, First, Middle Initial) <b>Transaction ID : H4.164932</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
<b>O'Neal, Dan, , ,</b>			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 3731 E. Redfield Rd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Gilbert	AZ	85234-3112		
Purpose of Disbursement: December Salary		<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			<input type="text"/> 4442.50	
		Category/ Type	Date <input type="text"/> 01 / <input type="text"/> 29 / <input type="text"/> 2018	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 450.00			<input type="text"/> 450.00	
		=	TOTAL AMOUNT	
			<input type="text"/> 900.00	

C. Full Name (Last, First, Middle Initial) <b>Transaction ID : H4.164933</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
<b>Schrishuhn, Deb, , ,</b>			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2415 E. Nevada St.			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Urbana	IL	61802		
Purpose of Disbursement: December Salary		<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			<input type="text"/> 5252.50	
		Category/ Type	Date <input type="text"/> 01 / <input type="text"/> 29 / <input type="text"/> 2018	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 405.00			<input type="text"/> 405.00	
		=	TOTAL AMOUNT	
			<input type="text"/> 810.00	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 1405.00		<input type="text"/> 1405.00		<input type="text"/> 2810.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>



**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.164935</b> <input type="checkbox"/> Memo Item			<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Kay, Janis, , , Mailing Address 2025 Barracuda Ct.				
City Holiday	State FL	Zip Code 34691		
Purpose of Disbursement: December Salary		<input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/> 5657.50	
Activity or Event Identifier: Administrative			Date <input type="text"/> 01 / <input type="text"/> 29 / <input type="text"/> 2018	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text"/> 202.50			<input type="text"/> 202.50	<input type="text"/> 405.00

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.164936</b> <input type="checkbox"/> Memo Item			<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Hess, Judith, , , Mailing Address 1012 E. Manhattan Ave.				
City Fresno	State CA	Zip Code 93720		
Purpose of Disbursement: December Salary		<input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/> 7007.50	
Activity or Event Identifier: Administrative			Date <input type="text"/> 01 / <input type="text"/> 29 / <input type="text"/> 2018	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text"/> 675.00			<input type="text"/> 675.00	<input type="text"/> 1350.00

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.164957</b> <input type="checkbox"/> Memo Item			<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Fox, Michael, D., , Mailing Address 719 52nd St. N				
City St. Petersburg	State FL	Zip Code 33710		
Purpose of Disbursement: December Salary		<input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/> 8245.00	
Activity or Event Identifier: Administrative			Date <input type="text"/> 01 / <input type="text"/> 29 / <input type="text"/> 2018	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text"/> 618.75			<input type="text"/> 618.75	<input type="text"/> 1237.50

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 1496.25		<input type="text"/> 1496.25		<input type="text"/> 2992.50

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA**

A. Full Name (Last, First, Middle Initial) <b>Transaction ID : H4.164958</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Hersh, Mike, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 12008 Milton St.			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Wheaton	State MD	Zip Code 20902	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: December Salary		<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			<input type="text"/> 8645.00	
Date		<input type="text"/> 01 / <input type="text"/> 29 / <input type="text"/> 2018		
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 200.00			<input type="text"/> 200.00	
		=	TOTAL AMOUNT	
			<input type="text"/> 400.00	

B. Full Name (Last, First, Middle Initial) <b>Transaction ID : H4.164959</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Cobble, Steve, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1425 4th St SW Apt. A211			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Washington	State DC	Zip Code 20024	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: December Salary		<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			<input type="text"/> 9145.00	
Date		<input type="text"/> 01 / <input type="text"/> 29 / <input type="text"/> 2018		
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 250.00			<input type="text"/> 250.00	
		=	TOTAL AMOUNT	
			<input type="text"/> 500.00	

C. Full Name (Last, First, Middle Initial) <b>Transaction ID : H4.164960</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Honigman, William, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 25182 Mustang Dr.			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Laguna Hills	State CA	Zip Code 92653	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: December Salary		<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			<input type="text"/> 10045.00	
Date		<input type="text"/> 01 / <input type="text"/> 29 / <input type="text"/> 2018		
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 450.00			<input type="text"/> 450.00	
		=	TOTAL AMOUNT	
			<input type="text"/> 900.00	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 900.00		<input type="text"/> 900.00		<input type="text"/> 1800.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/> 5045.00	<input type="text"/> 5000.00	<input type="text"/> 10045.00